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FACSIMILE COVER SHEET

Date: April 03, 2006	Client & Matter Number: 16222u-016600us	No. Pages (including this one):
To: Rory Birch USPTO	At Fax Number: 1-703-308-6642	Confirmation Phone Number: 1-703-305-0333 (ext. 135)

From: Patrick R. Jewik **(0401)**

Message: 10/661,380

Dear Ms. Birch:

You previously requested the address of co-inventor Glenda Berg in the above application. The address that we have in our file is as follows:

Glenda Berg
14068 Flintwood Lane
Apple Valley, MN 55124

Also attached is an updated ADS providing this information. Please contact me with any questions.

Patrick Jewik (Reg. No. 40,456)

Original Will:	<input type="checkbox"/>	BE SENT BY MAIL	<input type="checkbox"/>	BE SENT BY FEDEX/OVERNIGHT COURIER	<input type="checkbox"/>	BE SENT BY MESSENGER	<input checked="" type="checkbox"/> X	NOT BE SENT
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Supplemental Application Data Sheet**Application Information**

Application number:: 10/661,380
Filing Date:: 09/12/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)??:
Number of copies of CRF::
Title:: METHOD AND SYSTEM FOR PROVIDING
INTERACTIVE CARDHOLDER REWARDS
IMAGE REPLACEMENT
Attorney Docket Number:: 16222U-016600US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Loc
Middle Name::
Family Name:: Nguyen
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 590 6th Street, Apt. 204
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94103

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bryan
Middle Name::
Family Name:: Shimko
Name Suffix::
City of Residence:: Scottsdale
State or Province of Residence:: AZ
Country of Residence:: US
Street of Mailing Address:: 24138 North 76th Place
City of Mailing Address:: Scottsdale

State or Province of mailing address:: AZ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 85255

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Liane
Middle Name::
Family Name:: Redford
Name Suffix::
City of Residence:: San Mateo
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1323 Darlene Avenue
City of Mailing Address:: San Mateo
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: James
Middle Name:: G.
Family Name:: Gordon
Name Suffix::
City of Residence:: Eastwood, NSW
State or Province of Residence::
Country of Residence:: Australia
Street of Mailing Address:: 25 Brabyn Street

City of Mailing Address:: Eastwood, NSW
State or Province of mailing address::
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kim
Middle Name::
Family Name:: Madore
Name Suffix::
City of Residence:: Markham, Ontario
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: 238 Walkerville Road
City of Mailing Address:: Markham, Ontario
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L6B 1B6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Marc
Middle Name::
Family Name:: Black
Name Suffix::
City of Residence:: St. Paul
State or Province of Residence:: MN
Country of Residence:: US

Street of Mailing Address:: 1877 Yorkshire Avenue
City of Mailing Address:: St. Paul
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name::
Family Name:: Mazour
Name Suffix::
City of Residence:: St. Louis Park
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 8931 Minnehaha Circle North
City of Mailing Address:: St. Louis Park
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55442

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Salters
Name Suffix::
City of Residence:: Plymouth
State or Province of Residence:: MN

Country of Residence:: US
Street of Mailing Address:: 5446 Vinewood Lane
City of Mailing Address:: Plymouth
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55442

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Glenda
Middle Name::
Family Name:: Berg
Name Suffix::
City of Residence:: Apple Valley
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 14068 Flintwood Lane
City of Mailing Address:: Apple Valley
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55124

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::



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Bib Data Sheet

CONFIRMATION NO. 6693

SERIAL NUMBER 10/661,380	FILING OR 371(c) DATE 09/12/2003 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 16222U-016600US
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APPLICANTS

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Liane Redford, San Mateo, CA;
James G. Gordon, Eastwood, AUSTRALIA;
Kim Madore, Markham, CANADA;
Marc Black, St. Paul, MN;
James Mazour, St. Louis Park, MN;
Michael Salters, Plymouth, MN;
Glenda Berg, APPLE VALLEY, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and
Acknowledged

Examiner's Signature Initials

ADDRESS

20350

TITLE

METHOD AND SYSTEM FOR PROVIDING INTERACTIVE CARDHOLDER REWARDS IMAGE REPLACEMENT

FILING FEE RECEIVED 3250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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